MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH Primary Registration District No. Registrar's No. DO NOT WRITE **AMENDED** ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: 1. PLACE OF DEATH a. COUNTY Illinois<sup>b. COUNTY</sup> VS 300 Macoupin admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN St.Louis Bunker Hill Yes 🖳 No 🛘 c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If cutside, give location) Inside Limits Reside on Farm DATE HOSPITAL OR INSTITUTION Yes 💽 No 🗌 Enroute City Hospital Yes 🔲 No 🛄 3. NAME OF DECEASED Middle 4. DATE Day Year (Type or print) David Harold DEATH 1963 Scroggins April 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married XX Never Married [ Months Widowed Divorced | Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if ratired) Chemmical Co. Bunker Hill.Ill 13a, FATHER'S NAME 13b, MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Juanita Scroggins Mabel G. Tipton Jesse E.Scroggins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, eo, or unknown) (If yes, give war or dates of servi Jesse E.Scroggins. Bunker Hill. Ill 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DOCUMEN 000 INSTEAD Conditions, if any, which gave rise to THIS above cause (a), stating the under-13 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE WAS AUTOPSY 201. ACCIDENT PERFORMED? YES | NO LE 20c. TIME OF Month, Day, Year RIBBON INJURY\_ 4-2-63 STATE 20f. CITY, TOWN, OR LOCATION COUNTY INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office blog., etc.) WHILE AT WORK NOT WHILE AT WORK 0 *TYPEWRITER* READ and last saw him alive on 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22c, DATE SIGNED 22b. ADDRESS (Degree or title) ច 22a. SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY. 23a BURIAL REMATION, REMOVAL (Specify) 23b. DATE 2 Rose Lawn Cemetery Madison Co. Ill. Removal 25. DATE RECD. BY LOCAL REG. 26. ITEM **ADDRESS** Jacoby-Wise Funeral Home, Bunker Hill, Ill. APR

STATEMENT BY LICENSED EMBALMER

AND IN THE

1.0

क्रोमिक्सीके स्थानिक, इन्हों अन्यक्ति अन्यक्ति अन्यक्ति । अन्यक्ति निर्मानिक्ष

<ul> <li>I hereby/certify that the body whose name in</li> </ul>	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student/Embalmer No.
working under my personal-supervision.	1 Meg
Student	Signed West Exchalmed
Signature of Student Embalmer	1. recent
The transfer of the state of th	Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED PMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.